

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence. RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 138365	2. Name of Corporation CHAMPLIN HEROUX, INC.				
3. Street Address Principal Business Office 133 Old Tower Hill Road, Ste. 1`		City Wakefield	State RI	^{Zip} 02879	
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Business Conducted in Rhode Island Retail Sales of Pets and Pet Supplies					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Robert J. Champlin			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Adam V. Heroux		
Street Address PO Box 39			Street Address 971 Tower Hill Road		
<i>Сің</i> Kingston	State RI	^{Zip} 02881	City North Kingstown	State RI	^{Zip} 02852
Sue A. Champlin			Treasurer Name Sue A. Champlin		
Street Address PO Box 39			Street Address PO Box 39		
City Kingston	State RI	<i>ир</i> 02881	City Kingston	State RI	^{Zip} 02881
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Robert J. Champlin			Director Name Sue A. Champlin		
Street Address PO Box 39			Street Address PO Box 39		
City Kingston Director Name	State RI	<i>^{Zip}</i> 02881	City Kingston	State RI	Zip 02881
Adam V. Heroux			Director Name		
Street Address 971 Tower Hill Road			Street Address		
North Kingstown	State RI	<i>%ip</i> 02852	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	No Par
This report must be executed or	on behalf of the corpo	oration by an authorize	d representative. If the cor	poration is in the hand	s of a receiver or trustee
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements					
File Date JAN .	1 1 2011		contained herein are true and correct.		
Check No			Signature Sue A. Champ	olin	Date
			Print or Type Name Secretary and Treasurer		
FOR SECRETARY OF STAT	TE USE ONLY		Title Form 630 Rev. 08/08		